

PATENT APPLICATION FEE DETERMINATION RECORD			Application or Docket Number
Effective 10/01/98			09/367081
CLAMES AS FILED - PART I			970
(Column 1) (Column 2)			SMALL ENTITY TYPE <input checked="" type="checkbox"/> OR SMALL ENTITY
FOR:	NUMBER FILED:	NUMBER EXTRA	RATE <input type="checkbox"/> FEE <input type="checkbox"/> OR
BASIC FEE			300.00 <input type="checkbox"/> 700.00 <input type="checkbox"/>
TOTAL CLAIMS	30 <small>minus 20 =</small>	10	240 <input type="checkbox"/> 700.00 <input type="checkbox"/>
INDEPENDENT CLAIMS			X20- <input type="checkbox"/> OR X20- <input type="checkbox"/> 180 <input type="checkbox"/>
MULTIPLE DEPENDENT CLAIM PRESENT			X20- <input type="checkbox"/> OR X20- <input type="checkbox"/> 180 <input type="checkbox"/>
* If the difference in column 1 is less than zero, enter "0" in column 2			+100- <input type="checkbox"/> OR 400- <input type="checkbox"/> 260 <input type="checkbox"/>
CLAMES AS AMENDED - PART II			TOTAL <input type="checkbox"/> OR TOTAL <input type="checkbox"/> 1250 <input type="checkbox"/>
(Column 1) (Column 2) (Column 3)			SMALL ENTITY OR OTHER THAN SMALL ENTITY
FOR:	NUMBER ADDED AFTER AMENDMENT	NUMBER PREVIOUSLY FILED FOR	RATE <input type="checkbox"/> ADDITIONAL FEE <input type="checkbox"/> OR
Total	20	30	X20- <input type="checkbox"/> OR X20- <input type="checkbox"/>
Independent	2	1	X20- <input type="checkbox"/> OR X20- <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			+100- <input type="checkbox"/> OR 400- <input type="checkbox"/> 200 <input type="checkbox"/>
5/28/04 (Column 1) (Column 2) (Column 3)			TOTAL <input type="checkbox"/> ADDITIONAL FEE <input type="checkbox"/> OR TOTAL <input type="checkbox"/> ADDITIONAL FEE <input type="checkbox"/>
FOR:	NUMBER ADDED AFTER AMENDMENT	NUMBER PREVIOUSLY FILED FOR	RATE <input type="checkbox"/> ADDITIONAL FEE <input type="checkbox"/> OR
Total	22	20	X20- <input type="checkbox"/> OR X20- <input type="checkbox"/> 2 <input type="checkbox"/>
Independent	2	2	X20- <input type="checkbox"/> OR X20- <input type="checkbox"/> 20 <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			+100- <input type="checkbox"/> OR 400- <input type="checkbox"/> 200 <input type="checkbox"/>
* If the entry in column 1 or from Step 2a entry in column 2, enter "0" in column 3.			TOTAL <input type="checkbox"/> ADDITIONAL FEE <input type="checkbox"/> OR TOTAL <input type="checkbox"/> ADDITIONAL FEE <input type="checkbox"/>
* If the "Request Number" (Priority Date and Serial Number) is less than 20, enter "0" in column 3.			X20- <input type="checkbox"/> OR X20- <input type="checkbox"/>
* If the "Request Number" (Priority Date and Serial Number) is 20 or more, enter "0" in column 3.			+100- <input type="checkbox"/> OR 400- <input type="checkbox"/> 200 <input type="checkbox"/>
* If the "Request Number" (Priority Date and Serial Number) is 20 or more, enter "0" in column 3.			TOTAL <input type="checkbox"/> ADDITIONAL FEE <input type="checkbox"/> OR TOTAL <input type="checkbox"/> ADDITIONAL FEE <input type="checkbox"/>

T. Sims